U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

				<u> </u>				1.00	
PLAINTIFF							COURT CASE NUM	BER	
	Samuel Me	endez C	Y-7322				()>-:	55E	
DEFENDANT							TYPE OF PROCESS		
	Dr. Mark	Baker,	D.O.				42 U.S.C.	§1983	
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEM								
-		Dr. Mark Baker, D.O.							
-	ADDRESS	(Street or RFI	D, Apartmen	t No., City, S	tate and ZIP Code)			· · · · · · · · · · · · · · · · · · ·	
AT	SCI-A	lbion,1	0745 B	Rt. 18 A	Albion, Pa.	1647	5-0002		
SEND NOTICE	E OF SERVICE CO	OPY TO REO	LIESTER A	T NAME AND	ADDRESS BELOW	<i>i</i> .			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:							- Number of process to be served with this Form - 285		
1						L_	I served with this Form - 285		
Samuel Mendez CY-7322						Number of parties to be			
	10745 Rt. 18					served in this case 4			
Albion, Pa.16475-0002									
						Check for service on U.S.A.			
SPECIAL INST	TRUCTIONS OF C	YFUED INCO	DAGATION:	PELATE SLITE A	COLOTE IN EMPEROR				
Telephone Num	bers, and Estimate	d Times Avail	able For Se	rvice):	SSIST IN EXPEDIT	ING SER	VICE (Include Business and	Alternate Addresses, All	
·								Fol	
			•					A second	
	<u> </u>			* **					
Signature/of Atto	orney or other Origin	nator requestin	g service on	behalf of:	□ PLAINTII	TEI	LEPHONE NUMBER	DATE	
DEFENI						1 22 2			
CDA CEL DI								- [
SPACE B	FTOM FOR	R USE O	F U.S.	MARSHA	L ONLY — I	OO NO	OT WRITE BELO	W THIS LINE	
	ceipt for the total	Total Process		District	Signature of Au	thorized U	SMS Deputy or Clerk	Date	
number of proces	is indicated. USM 285 if more		of Origin	to Serve					
han one USM 28		<u></u>	No	No		· · · · · · · · · · · · · · · · · · ·			
hereby certify ar	nd return that I [] h	ave personally	served, Th	ave legal evide	nce of service, hav	e executed	as shown in "Remarks", the	process described	
n the individual,	company, corporat	ion, etc., at the	address sho	own above or or	the individual, comp	any, corpo	pration, etc., shown at the add	ress inserted below.	
I hereby certi	ify and return that	I am unable	to locate the	e individual c	ompany corporation	ata	ned above (See remarks belo		
				- marviduar, C	ompany, corporation,	etc., nan	neu above (See remarks beio	ow)	
ame and title o	of individual served	l (if not show	n above)				A person of s	suitable age and dis- siding in the defendant's	
		· •					usual place of		
ddress (complete	e only if different th	an shown abov	ve)				Date of Service	Time am	
							8/5/00		
							5	pm	
							Signature of U.S.	Marshal or Deputy	
Camilas Fas	T-4-1 Miles CI			m . I al			Dife	Lausen	
Service Fee	Total Mileage Ch	- 1	rding Fee	Total Charges	Advance Deposits	Amoun	t owed to U.S. Marshal or	Amount of Refund	
XOC				YOU		ĺ)	
EMARKS: mc	2.11(2)	<u> </u>				<u> </u>			
1.14		17/		J					
	_	5///	5/39						
		///	/ 1/						
		/ /							
	/						\		

Document 8

accept any relating to the summons or to the service of the summons), and may letter object to the jurisdiction of the court or to the place where the action has been brought A detendant who warms send door of the response with the Court. If the answer or motion is not served within this time, a default judgment may be taken against that

05-35E

05-35E

BAKER